

BROMSGROVE URBAN DISTRICT COUNCIL.

ANNUAL REPORTS FOR THE YEAR 1945

of the

MEDICAL OFFICER OF HEALTH

and of the

SENIOR SANITARY INSPECTOR.



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BROMSGROVE URBAN DISTRICT COUNCIL.

ANNUAL REPORT OF THE HEALTH DEPARTMENT FOR THE YEAR 1945.

PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY.

(a) A.B. Follows, M.D., Ch.B., D.P.H., M.R.C.S., L.R.C.P.
Medical Officer of Health (Part Time) & Assistant
County Medical Officer (January to September).
L.J. Bacon, M.A., M.D., B.Chir., M.R.C.S., L.R.C.P., D.P.H.
Medical Officer of Health (Part Time) & Assistant
County Medical Officer (October to December).

(b) H. Holden, M.S.I.A., C.R.S.I.
Royal Sanitary Institute Meat and Food Certificate.
Liverpool University Meat and Food Certificate.

Senior Sanitary Inspector.
Meat and Food Inspector.
Shops Inspector.
Petroleum Officer.

D.S. Smith, Cert. S.I.B. Additional Sanitary Inspector.
(Serving with H.M. Forces).

C.J. Burford, Cert. S.I.B. Temporary Additional Sanitary Inspector.

R.H.K. Howse (Clerk)
(Serving with H.M. Forces).

Miss. M. Beachim (Clerk)
(Serving with H.M. Forces).

Temporary Clerks:-

Miss. J. Griffiths and Miss. D. Aykroyd.

DISTRICT MEDICAL OFFICERS.

A.J. Rae, M.R.C.S., L.R.C.P.

F. Harman Vollam, M.B., Ch.B., M.R.C.S., L.R.C.P.

PUBLIC VACCINATORS.

A.J. Rae, M.R.C.S., L.R.C.P.

F. Harman Vollam, M.B., Ch.B., M.R.C.S., L.R.C.P.

TO THE CHAIRMAN AND MEMBERS OF THE BROMSGROVE
URBAN DISTRICT COUNCIL.

Mr. Chairman, Madam and Gentlemen,

I have pleasure in presenting to you my Annual Report on the health of the Bromsgrove Urban District for the year 1945.

The greater part of the material presented relates to the period during which my predecessor, Dr. Follows, was Medical Officer of Health: but any expressions of opinion or interpretation are my own and for them I take responsibility.

The Minister of Health has intimated that the Report should again be produced in the restricted form of the war-time years. In the statistical Section, I have followed the usual practice of giving comparable statistics for the past two years, so that the current trend may be followed: I have also included for comparison the figures for 1938, the last pre-war year.

The year 1945 saw the end of the war, and enabled the Department to turn again to the sanitary problems of peace-time and those of reconstruction. The outstanding problem is of course that of housing, to which reference is made later in the Report.

I should like to record my appreciation of the co-operation of the Committee and the Council's Officers during that part of the year during which I was in office.

SECTION A.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area - 9248 acres.

Registrar General's estimate of resident population, mid 1945 - 24,600
" 1944 - 25,520
" 1943 - 25,970
" 1938 - 23,540

Number of inhabited houses - end of 1945 - 7,130
- end of 1944 - 7,130
- end of 1943 - 7,130
- end of 1938 - 6,902

Rateable Value, 1st April, 1945 - £159,104

Sum represented by a Penny Rate - £554.

VITAL STATISTICS.

BIRTH RATE (Births per 1,000 population):-

1945	1944	1943	1938	1945 (England & Wales)
15.5	19.75	18.0	17.8	16.1.

Live Births.			
	M.	F.	TOTAL.
Legitimate	180	169	349
Illegitimate	13	20	33
Total	193	189	382

ILLEGITIMACY RATE (Total live illegitimate births per 1,000 total live births):-

1945	1944	1943	1938
56.1	47.6	32.0	55.5

STILL-BIRTH RATE. (a) Still-Births per 1,000 total births :-

<u>1945</u>	<u>1944</u>	<u>1943</u>	<u>1938</u>
32.9	17.45	18.9	27.9

(b) Still-births per 1,000 population :-

<u>1945</u>	<u>1945 (England & Wales)</u>
0.53	0.46

Still-births.			
	M.	F.	TOTAL.
Legitimate	8	5	13
Illegitimate	0	0	0
Total	8	5	13

DEATH RATE (Deaths per 1,000 population) :-

<u>1945</u>	<u>1944</u>	<u>1943</u>	<u>1938</u>	<u>1945 (England & Wales)</u>
10.5	10.0	11.1	12.5	11.4

Deaths		
M.	F.	Total.
106	153	259

MATERNAL MORTALITY (Maternal deaths per 1,000 total births) :-

<u>1945</u>	<u>1944</u>	<u>1943</u>	<u>1938</u>	<u>1945 (England & Wales)</u>
Nil	Nil	Nil	Nil	1.79

Maternal Deaths.	
Puerperal Sepsis	0
Other maternal causes	0
Total	0

INFANTILE MORTALITY (Deaths of Infants under 1 year of age per 1,000 related live births) :-

	<u>1945</u>	<u>1944</u>	<u>1943</u>	<u>1938</u>	<u>1945 (England & Wales)</u>
Legitimate	43.0	60.4	39.7	56.9	-
Illegitimate	60.6	83.3	66.7	166.7	-
Total	44.5	61.5	40.6	59.8	46.0

Infant Deaths

	M.	F.	Total
Legitimate	6	9	15
Illegitimate	0	2	2
Total	6	11	17

CAUSES OF DEATH IN THE BROMSGROVE URBAN DISTRICT, 1945.

CAUSE OF DEATH	MALES	FEMALES	MORTALITY RATE.
1.Typhoid and paratyphoid fever	-	-	-
2.Cerebro-Spinal Fever	-	1	0.04
3.Scarlet Fever	-	-	-
4.Whooping Cough	-	-	-
5.Diphtheria	-	1	0.04
6.Tuberculosis of Respiratory System.	1	5	0.24
7.Other forms of Tuberculosis	1	3	0.16
8.Syphilitic Diseases	3	-	0.12
9.Influenza	1	-	0.04
10.Measles	-	1	0.04
11.Acute Polio-myelitis and polio-encephalitis	-	-	-
12.Acute Infectious Encephalitis	-	-	-
13.Cancer of buccal cavity and Oesophagus (M) & Uterus (F)	-	2	0.08
14.Cancer of Stomach and Duodenum	3	4	0.28
15.Cancer of Breast	-	6	0.24
16.Cancer of all other sites	14	19	1.34
17.Diabetes	-	2	0.08
18.Intra-Cranial Vascular Lesions	5	18	0.93
19.Jaundice	25	32	2.32
20.Other diseases of circulatory system.	1	1	0.08
21.Bronchitis	9	11	0.81
22.Pneumonia	4	4	0.33
23.Other Respiratory Diseases	2	2	0.16
24.Ulcer of Stomach or duodenum	1	1	0.08
25.Diarrhoea (Under 2 years)	-	1	0.04
26.Appendicitis	3	-	0.12
27.Other digestive diseases	-	4	0.16
28.Nephritis	3	7	0.41
29.Puerperal & Post abortive sepsis.	-	-	-
30.Other maternal causes	-	-	-
31.Premature Birth	2	1	0.12
32.Congenital Malformation, birth injuries & other infant diseases.	4	5	0.37
33.Suicide	-	3	0.12
34.Road Traffic Accidents	2	-	0.08
35.Other violent causes	4	3	0.28
36.All other causes	18	16	1.39
TOTALS	106	153	10.52

The Vital Statistics for the area are in some respects less satisfactory than in previous years. The Birth Rate of 15.5 is lower than that for the country as a whole, and is in fact the lowest recorded here since 1934. It is common knowledge that the falling Birth Rate of the pre-war years was causing great concern, and has given rise to grave prognostications as to a diminished and ageing

population during the coming decades: during the war-years a sharp rise was noted, which has not been fully explained. Thus it is somewhat disappointing to find the Rate falling in this District in 1945. The causes of fluctuation in the Birth Rate are complex and not fully known, and, apart from a possible adverse effect of shortage of housing, the lower Rate in 1945 cannot be held to reflect adversely on the Health or other social services.

The Death Rate (10.5), though higher than in 1944, is still remarkably low, and is below that for England & Wales.

The other vital statistics - Still-Birth Rate, Infantile Mortality and Maternal Mortality - are more delicate indices of the general health of the area and of the efficiency of its social services than are the Birth and Death Rates. It is however necessary to add that in a district such as Bromsgrove they are based on very small total figures, and consequently no great significance can be attached to small variations. Thus the high Still-Birth Rate (32.9 - almost double that of the last two years), while obviously unsatisfactory, is based on only 13 deaths, and had but two of these infants survived the rate would have been below that for the country as a whole. The fact that no maternal death occurred during the year (and this for the 6th year running) is a justifiable source of pride - but it is a sobering reflection on the significance of vital statistics that had there been only one death the Maternal Mortality would have been 50% higher than for the country as a whole! The Infantile Mortality (44.5) is much below the high figure for last year, and is not unsatisfactory: as is generally the case, the Mortality among illegitimate infants is very much higher than for legitimate infants, and serves to call attention to the adverse start in life which such children tend to have, and to the special care and supervision that they accordingly need.

In commenting that the Infantile Mortality is, as a comparative figure, "not unsatisfactory", I must add that the loss of 30 infants, out of 382 born, before the end of their first year, represents a great deal of human suffering, some of which must be regarded as preventable.

The Table of causes of death shows no exceptional features. The major causes were:-

1. Diseases of the Heart & Circulatory System (including apoplexy).	31.7% of all deaths
2. Cancer (all forms)	18.5% of all deaths
3. Respiratory Diseases (excluding T.B.)	12.7% of all deaths
4. Violence(including suicide)	4.6% of all deaths
5. (Nephritis {Tuberculosis	3.9% of all deaths

The first of these categories includes the majority of "natural" death in old age, and, on present knowledge, cannot be regarded as in any way preventable. The same cannot be said of the other major cause of death - cancer. This is on the increase as a certified cause of death, though whether the increase is real or only apparent (due to more efficient diagnosis) is a moot point. Most cancer is curable if detected in an early stage, and so this very important group of deaths must be regarded as preventable.

The respiratory deaths are a somewhat miscellaneous group, but the majority represent a terminal bronchitis in old age, and may thus be regarded as "natural" deaths. The deaths from violence, and those from tuberculosis, must be considered preventable, and increasing knowledge of nephritis may lead to a similar conclusion in respect of this cause of death.

SECTION B.

General provision of Health Services.

Services provided by the County Council.

The County Council, as Welfare and Education Authority, provides the majority of the personal health services for the District. These services include:-

(a) Clinics and Treatment Centres.

Clinic	Situation.	Time of Holding.
Bromsgrove Infant Welfare Centre.	Recreation Road.	Wednesday 2.0 p.m.
Catshill Infant Welfare Centre.	Baptist Chapel.	1st and 3rd Friday 2.0 p.m.
Rubery Infant Welfare Centre.	St. Chad's Church Hall.	1st and 3rd Thursday 2.0 p.m.
Bromsgrove Ante-Natal Clinic.	Recreation Road.	Monday 10 - 12 a.m. 2 - 4 p.m.
School Clinic Bromsgrove.	Recreation Road.	Monday & Wednesday 10 - 12 a.m.
Dental Clinic	Recreation Road.	As arranged.
Tuberculosis.	Recreation Road.	Tuesday 2.0 p.m.
Rubery Ante-Natal Clinic.	St. Chad's Church Hall.	1st and 3rd Thursday 10.0 a.m.

A great deal of valuable work, directed towards the preservation of health and the prevention of disease, is carried out in these Clinics by the Medical and Nursing staff. In the Welfare Centres there is additional assistance, which is greatly appreciated, from voluntary workers.

(b) Midwifery Services (Codicillary).

Midwives in private practice and employed by the District Nursing Associations are supervised for this purpose by the County Council.

(c) Laboratory Facilities. The County Analyst undertakes the examination of clinical material (throat-swabs, sputum, blood, etc.), water, milk and foodstuffs.

(d) Hospitals. The following Hospital facilities are provided, directly or by arrangement, by the County Council:-

1. Infectious Disease (including tuberculosis) Bromsgrove, Droitwich and Redditch Joint Hospital (Bromsgrove).
2. Tuberculosis Knightwick Sanatorium.
3. Smallpox J.C.C. Smallpox Hospital, Worcester.
4. Maternity Mary Stephens Maternity Hospital, Stourbridge; and Lucy Baldwin Maternity Hospital, Stourport.
5. Children's Diseases The Children's Hospital, Birmingham.
6. Tonsil and Adenoid cases Bromsgrove Cottage Hospital.
7. Puerperal Fever and Pyrexial cases. The General Hospital, Birmingham.
The Royal Infirmary, Worcester.

8. Public Assistance Cases Referred To The Bronxgrove Public Assistance
(General) Institution.

9. Public Assistance Cases under the
(mental) ~~Barnsley Hall Mental Hospital,
Bromsgrove, & Powick Mental Hospital,
Hospital, Malvern.~~

In addition to the foregoing hospital-facilities provided by or through the County Council, Bromsgrove residents have access to the Bromsgrove Cottage Hospital for general illness.

The Diphtheria Immunisation Service (see Section F) was provided primarily by the Urban District Council, with substantial assistance from the County Council in respect of staff, materials, and premises. In November, 1945, however the responsibility for immunisation of children under 5 years of age was placed upon the County Council as Welfare Authority: this did not in practice call for any material change in the system of mutual collaboration already in existence.

The Ambulance Service. An ambulance is provided by the Joint Hospital Board for the conveyance of infectious cases. For other cases, an ambulance is available which during the earlier part of the year was maintained and provided by the British Red Cross Society jointly with the Civil Defence organisation, and afterwards by the British Red Cross Society alone. (On January 1st, 1946, this ambulance was transferred to the Urban District Council).

Home Nursing. There is a need in the District for improved provision for the care, in their own homes, of the acute and chronic sick and the aged. The District Nursing Associations provide for the strictly nursing requirements of their contributors; but there is beyond this a crying need for nursing and domestic assistance in selected cases. The needs of the acutely sick can in most instances be met by hospitalisation or by assistance from relatives or neighbours, at ordinary times. In the event, however, of an epidemic of disease which would incapacitate a large number of people at one time, without warranting admission to hospital, such arrangements would break down. There was a fear that in the winter of 1944-5, and again in 1945-6, there might be an epidemic of influenza which would produce these conditions. In anticipation of this a scheme of assistance was prepared, by which a number of voluntary organisations undertook to provide, by rota, domestic and nursing help if required. Fortunately no major influenza epidemic developed (though in the winter of 1945-6 there was a prevalence of mild influenza which certainly taxed medical and nursing personnel to the full), and the scheme was not put into operation.

The needs of the chronic sick and the aged are yet more difficult to meet. In general the assistance required is of a domestic rather than a nursing nature, and it is required over a long period of time. In addition a small proportion of the aged become, as a feature of their senility, very difficult to assist. For various reasons it is frequently impossible for such people to obtain assistance from relatives or neighbours. During the war powers were given to Local Authorities to provide domestic help in such cases (on a basis comparable with the system of Home Helps for 'lunacy cases'): an attempt to implement the proposal in Worcestershire failed owing to the negligible response to advertisement for persons willing to work in the service.

It is likely that this need will increase.

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

The excellent quality of the water in the district is being maintained. Samples are frequently submitted by the Water Company to the County Analyst for chemical and bacteriological examination and below is given the result of a typical analysis:-

Sample taken in September, 1945.

Physical Characters. Clear, odourless.
Deposit None.
pH 6.8

Chemical Examination. (Results expressed in parts per 100,000)

Solids in Suspension (Dried at 100°C)	...	...	None.
Solids in solution (Dried at 100°C)	...	...	18
" " " After ignition	...	...	15
Chlorides calculated as Common Salt	...	...	3.2
Hardness Permanent	...	...	10
" Temporary	...	...	2
" Total	...	...	12
Free and Saline Ammonia	...	...	0.0006
Albuminoid Ammonia	...	...	0.0008
Nitric Nitrogen (Nitrates)	...	...	Trace
Nitrous Nitrogen (Nitrites)	...	...	None
Oxygen absorbed in 4 hours at 27°C	...	...	0.013
Toxic Metals	...	...	None detected

Note: To convert the above parts per 100,000 to grains per gallon multiply by 0.7.

Bacteriological Examination.

Number of Colonies developing upon agar.

(a) In two days at 37°C	...	...	1 per one ml.
(b) In Three days at 22°C	...	...	Nil per one ml.
Coli-Aerogenes (Presumptive Coli) Count	...	...	" per 100 ml.
Streptococci	...	...	Absent.

Opinion:- The sample is fit for drinking.

No extensions to mains have been made during 1945. Schemes for extension of water supplies to rural parts of the District, which had been submitted to the County Council and the Ministry of Health following a survey in 1944, did not receive approval from the Ministry during 1945, though approved by the County Council. The two urgent needs are in respect of Worms Ash and Little Heath Lane.

Twenty-three additional properties were provided with a piped supply during the year.

A survey of all wells and springs in use for drinking-purposes is needed. This could not be undertaken in 1945 owing to pressure of other work, but has been commenced in 1946.

DRAINAGE AND SEWERAGE.

The need for the resumption of the programme of severing roads in the Northern part of the District remains very apparent. Cesspools are in use which often give rise to nuisance and in many cases call for constant attention by the occupier, who finds the greatest difficulty in getting the work of disposal carried out. The question of provision by the Council of a cesspool-emptier calls for re-consideration.

RIVERS AND STREAMS.

The Spadesbourne brook which runs through the centre of the town is polluted and remains a cause of disquiet.

RODENT CONTROL.

Close liaison has been maintained with the Divisional Rodent Officer of the Ministry of Food, and a constant and successful campaign against rats was in progress throughout the year. All major infestations have been brought under control, and in the town area it is believed that very few premises remain infested. The Spadesbourne Brook receives periodic treatment and is no longer of importance as a source of spreading infestation.

SANITARY INSPECTION OF THE AREA.

This has been constantly maintained and the details of inspections

made are contained in the figures supplied by the Sanitary Inspector in the report attached. It will be noticed that the number of inspections was substantially greater than in 1944; this is attributable to the release of the Inspectors from Civil Defence duties, permitting a return to their proper work.

PUBLIC CLEANSING.

Refuse collection and disposal is supervised by the Surveyor and he has kindly supplied me with the following figures:-

House refuse collected during 1945.	
Loads from bins	1,073
Loads from ashpits	23
Loads of night soil	301

CAMPING SITES.

No licences were issued during the year under Section 269 of the Public Health Act, 1936. Visits have been made to Caravan settlements which have arisen during the year and in each case the caravan dwellers have been persuaded to move on.

SMOKE ABATEMENT.

Bromsgrove is fortunate in not being troubled to any extent by smoke from factory chimneys. The domestic hearth is, however, responsible for much pollution of the atmosphere and I look forward to the time when scientific achievement can produce a smokeless fuel at a price within reach of all consumers. It is also to be hoped that with the development of post-war housing attention will be paid to the installation of heating-appliances which do not produce smoke, including grates capable of burning smokeless fuels.

SECTION D.

HOUSING.

No Demolition Orders were made during the year, but one Closing Order was made in respect of a dwelling unfit for habitation. The fact that no Demolition Orders were made does not mean that none were needed. A large number of premises are in occupation which by ordinary standards are unfit for habitation; owing however to the lack of alternative accommodation these must be allowed to remain in use.

The occupation of unfit premises is only one aspect of the extremely unsatisfactory state of housing in the District. Over-crowding is widely prevalent; and a very large number of houses are in need of extensive repair.

The Survey made in 1938 was only of a preliminary nature, but nevertheless revealed that some 700 houses were unfit. This survey must now be regarded as hopelessly out of date, and a very much larger number of houses are now unsatisfactory in varying degrees. A new survey has been commenced (in 1946) and is one of the major undertakings of the Department: the survey will not remedy the housing position, but it will provide guidance as to the needs and priorities of re-housing.

SECTION E.

INSPECTION AND SUPERVISION OF FOOD.

(A) MILK SUPPLY.

No. of Dairy farms in District	-	50
" " Dairymen registered	-	66
" " F.T. Producers.	-	3
" " Accredited Producers	-	4

The supply of milk in the District cannot be regarded as altogether satisfactory. A great deal of non-designated milk is produced, of which the majority is sold raw. The conditions at the farms are not in all cases satisfactory, and much of the milk supplied must be regarded as potentially productive of disease. It would seem that the difficulties of clean milk-production are such that the

objectives of a fit milk supply in the district can only be met by pasteurisation: no locally produced milk is pasteurised.

The Food & Drugs (Milk and Dairies) Act, 1944, proposes the transfer of control of cows' and milk-production (but not distribution) from Local Authorities to the Ministry of Agriculture. The date for implementation of this proposal is not yet fixed. The reasons given for the proposed change are the need for more uniform control (which implies that some Authorities are held to be backward in this respect) and the allegedly greater suitability of veterinary officers for the work. The validity of these arguments is open to question, and the separation of the control of production from that of distribution seems somewhat unfortunate. The responsibility to see that milk sold in Bromsgrove does not act as a vehicle of disease will remain with the Urban District Council; but the power to see that it does not will largely pass out of their hands.

(b) MEAT AND OTHER FOODS.

Controlled slaughtering has continued under the Ministry of Agriculture, and consequently the private slaughter houses in the district are not in use. The cottager's pig is usually slaughtered in very unsatisfactory conditions rendering adequate inspection extremely difficult. Nevertheless 528 such pigs were inspected and 15 meat to the total weight of 294½ lbs. was found to be unfit for food and was surrendered.

Inspection of food preparing premises, shops and markets has continued, 99 inspections having been made.

SECTION F.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

INFECTIVE DISEASES DURING THE YEAR 1945.

	Total cases notified	Cases admitted to Hospital.	Total Deaths.
Measles	0	0	0
Smallpox (confirmed cases).	13	15	1
Scarlet Fever	26	18	0
Cholera	14	14	0
Acute Pneumonia	7	1	8
acute Poliomyelitis	0	1	0
Measles	465	9	1
Hooping Cough	39	2	0
Smallpox	5	4	0
Typhoid Fever	1	1	0
acute Lm. Neonatorum	19	18	0
Cerebro-Spinal Fever	0	0	1
Measles	0	3	0
Measles	0	0	0
Measles	0	0	0

In view of the prevalence of conditions which are liable to arise in, or notified from, certain special types of hospital is to be noted. In Bromsgrove, there was an exceptional aggregation of cases in institutions. Particularly is this the case in respect of the acute Lm. Neonatorum and Puerperal Pyrexia.

The figure for pneumonia is not reliable to the figure for notifications: pneumonia is not infrequently entered as the cause of death in cases in which there has been no notification. Similarly the patient returned as having died of Cerebro-Spinal-Fever was not notified.

The incidence in the district during the winter of 1944-5 was as follows: the peak incidence was in February (282 cases). That could have been an epidemic form is not surprising, since previous epidemic was in 1941, and the majority of the children under 5 must have been lacking immunity. There was no recurrence in the winter of 1945-6.

Whooping Cough was prevalent during the same winter, the maximum number of cases (15) occurring in January. This was in no way an abnormal incidence, and barely merits the term "epidemic".

No other notifiable disease was prevalent in the District during 1945, and, apart from the measles, it may be said that this year was yet another added to a sequence of war-years outstandingly free from epidemic disease.

Medical practitioners have been most helpful in fulfilling their obligations in respect of the early notification of disease. A point of some interest and importance is that of 35 cases notified as diphtheria, only 13 were finally confirmed as suffering from this disease. This means that practitioners are notifying (and in most cases transferring to hospital) patients suspected of diphtheria, and since the effective treatment of diphtheria (as well as the prevention of spread of the disease) is so closely linked with early removal to hospital, this is a procedure thoroughly to be recommended. The Local Authority, in accepting financial responsibility for a number of cases which do not prove to be diphtheria, is in effect taking out an excellent insurance policy against heavy payments in respect of patients whose hospitalisation would have been prolonged owing to delay in the commencement of treatment, and also in respect of contact patients who need never have been infected at all.

Diphtheria Immunisation.

The numbers of children who completed a course of immunisation during the years 1938 to 1945 are as follows:-

	1938	1939	1940	1941	1942	1943	1944	1945	1938-1945
Under 5	129	86	108	310	554	570	341	234	4532
Over 5	1282	116	205	607	446	595	117	70	3258
Total	1411	202	313	917	1000	965	458	304	5570

It will be seen that there is a falling-off in the number of children immunised during 1945. This is in part accountable by the law of diminishing returns, but I believe that it is also true that a great many children under 5 remain to be immunised. The most important thing is to concentrate on achieving the immunisation of children before their first birthday (and preferably during their ninth month); this was recognised by the Ministry of Health in Circular issued in November, 1945, which placed the responsibility for the immunisation of children under 5 upon Welfare Authorities. At the same time a modified form of annual return was requested, which would show the position, as far as total children known to be immunised, in each district at the end of the year, and the state of immunisation of children (if any) dying of diphtheria during the year. The return for 1945 was as follows:-

Children known to have completed a course of immunisation against diphtheria at the time up to December 31st, 1945:-

Age.	10-1	1-2	2-3	3-4	4-5	5 - 10	10 - 15	Total
Number immunised	5	158	175	194	230	1138	1052	2954
Population	2100					4090		
% immunised	36.3%					53.3%		47.7%

These figures compare unfavourably with those presented in previous years: it must therefore be emphasised that no true direct comparison can be made. These figures relate only to individual children known to have been immunised either through the Clinics or privately. Previous figures have included an estimate of the numbers treated privately: such an estimate is necessarily quite unreliable, and it will in future be preferable to give the official figures which although less flattering to the success of the Immunisation scheme,

and fully trust worthy and will henceforth be comparable as between successive years.

While the foregoing figures imply that there remains a good deal to be done in securing an immune child-population in Bromsgrove, it must not be supposed that past achievements are without result. There has been a steady fall in the incidence of diphtheria during the past eight years, as is shown in the following table:-

Cases (notified and confirmed)	Diphtheria 1938 - 45								
	1938	1939	1940	1941	1942	1943	1944	1945	
Deaths	104	82	50	55	57	21	16	13	
Deaths	2	2	1	1	1	0	0	1	
Immunized	0	0	0	4	3	1	1	2	

It is of interest that of the 13 cases occurring in 1945, nine were over the age of 15. Diphtheria used to be mainly a children's disease. It has been suggested that immunisation has the effect of putting off the disease until a later age: this, if it were true, would be a desirable effect, since the severity and mortality of the disease decrease with increasing age of the patient. But in fact the number of cases in older subjects has not increased: it is only the proportion of older patients that has increased owing to the diminished incidence in younger subjects.

Scabies.

I believe that there is still a considerable prevalence of this disease in Bromsgrove, but definite information is not available as the disease is not notifiable. Informal notification of cases found among children attending the clinics has been received from Dr. Pugh and Nurse Hopkins, and I should like to record my appreciation of their co-operation in this respect and of the good work done by them in detecting the disease and giving or arranging treatment.

Fifty-two cases were treated (4 at the Pollardine hospital) as compared with 76 cases (9 in hospital) in the previous year; thus there is some evidence of a falling-off in the incidence of the disease.

Scabies is a troublesome disease due to an animal parasite: it is highly contagious (i.e. it is spread almost exclusively by direct skin-to-skin contact), and, unlike most skin diseases, it is readily easily cured in the individual. Unfortunately, once the disease occurs in a household it nearly always spreads to all the members of that household, and lasting cure can only be achieved by treating the whole family at the same time. This does not present any insuperable difficulty (as the Scabies Order gives the necessary powers to enforce it in the rare cases where patients do not co-operate): but a first essential is to get to know of the cases, and in the absence of compulsory notification this disease, which in theory can be completely and readily extinguished from a community, remains uncontrolled.

Tuberculosis.

Incidence and Mortality during 1945.

AGE PERIODS.	INC.				DEATH.		
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory
	M.	F.	M.	F.	M.	F.	M.
0 - 1	1	1	1	1	1	1	1
1 - 5	1	1	1	1	1	1	1
5 - 15	1	1	1	1	1	1	1
15 - 25	1	3	1	1	1	1	1
25 - 35	2	2	1	1	1	3	1

AGE PERIODS.	NEW CASES.				DEATHS.			
	Respiratory		Non-Resp.		Respiratory		Non-Resp.	
	M.	F.	M.	F.	M.	F.	M.	F.
35 - 45	1	1	1	-	-	1	-	-
45 - 55	1	-	-	-	-	1	-	-
55 onwards	-	2	-	-	-	1	-	-
Totals.	5	8	2	2	-	6	1	2

Your obedient Servant,

L.J. BACON, M.A., M.D., D.P.H.

Medical Officer of Health.

TO THE CHAIRMAN AND MEMBERS OF THE BROMSGROVE
URBAN DISTRICT COUNCIL.

Mr. Chairman, Mrs. Holt and Gentlemen,

I have pleasure in submitting to you my eighth Annual Report on the sanitary inspection of the district for the year 1945.

With a return to peace during this year, it is now hoped that it will not be long before sanitary improvements can be proceeded with. The main sanitary improvements required are:-

(1) The provision of more sewers in the outlying parts of the district, so that satisfactory drainage facilities can be provided for many houses which are unsatisfactorily drained to cesspools.

(2) Continuation of the Slum Clearance programme to deal with the many houses which are unfit for habitation.

(3) Progress with the schemes for the provision of a piped water supply to houses in the rural parts of the district.

COMPLAINTS

177 complaints have been received and dealt with during the year.

INSPECTIONS.

The following is a list of inspections carried out:-

	<u>Primary Inspections</u>	<u>Re- inspections.</u>
Houses under Public Health Acts	151	478
Overcrowding	8	-
Water Supply	214	109
Tents, Vans, Sheds	35	14
Schools	22	15
Entertainment Houses	2	-
Ashes Accommodation	70	136
Accumulations	25	9
Animals or Birds	5	2
Stable Premises	2	-
Yards, Courts, etc.	1	-
Piggeries	22	17
Drainage Inspections	545	669
Drainage Tests	13	-
Closets - Water	74	91
Pails or Privies	11	4
Cesspools	66	20
Urinals	13	12
Sewers and Street Gullies	33	11
Cowsheds	50	9
Milkshops and Dairies	76	9
Ice Cream Premises	35	-
Slaughterhouses for Meat Inspection	11	2
Food Preparing Premises	33	9
General Food Premises	55	2
Cottager's Pigs	528	8
Building-Licences	237	2
Factories (With mechanical power)	89	23
Factories (Without mechanical power)	9	1
Bakehouses	18	14
Rats & Mice Acts	562	-
Verminous Premises	9	1
Infectious Diseases	92	8
Houses disinfected	8	-
Housing - Section 11	4	-
Other Visits	87	-
Smoke Abatement Observation Premises Visited	1	-

			<u>Primary</u> <u>Inspections.</u>		<u>Re-</u> <u>inspections.</u>
Carried Forward	...	...	3216		1675
Petroleum Act	...	...	8		—
Miscellaneous Visits	...	...	125		—
Interviews - Owners.	...	...	525		—
Tradesmen, etc.					
			<u>Totals</u> ...	<u>3674</u>	<u>1675</u>

MEAT AND FOOD INSPECTION.

536 visits were made for the purpose of inspection of pigs slaughtered by householders for their own consumption, under licence from the Ministry of Food. One whole carcase and offals weighing 40 lbs. was surrendered owing to its dropsical and emaciated condition. Thirteen pig's heads weighing 199 lbs. and offal weighing 55½ lbs. was found to be affected with tuberculosis and was surrendered.

Other unsound food inspected, and either surrendered or returned to the Ministry of Food Salvage Department, is listed below:-

Tinned Goods.

Tinned Meat, Pork Tongue etc.	89	tins
Soups	19	tins
Vegetables	66	tins
Fish	88	tins
Milk	30	tins
Fruit and Preserves	14	tins

Other Foods.

Apples	...	...	...	140	lbs.
Dried Milk Powder	...	...	...	2	barrels.
Prunes	...	...	...	68	lbs.
Apricots	...	...	...	25	lbs.
Sultanas	...	...	...	60	lbs.
Plums	...	...	...	1	bottle.
Fish Paste	...	...	...	7	jars.
Fish	...	...	...	11	stone.
Fish Cakes	...	...	...	137½	lbs.
Butter	...	...	...	10	lbs.
Dates	...	...	...	112	lbs.
Apple Rings	...	...	...	10½	lbs.
Scone Mixture	...	...	...	16	pkts.
Bacon	...	...	...	18½	lbs.
Dried peas	...	...	...	2	cwts.
Sausage	...	...	...	3	lbs.
Pork Pies	...	...	...	12	
Beef	...	...	...	3	lbs. 14 ozs.

MANUFACTURE AND SALE.

Number of premises registered for the manufacture of Preserved Food 18

Number of Premises registered for the sale of Ice Cream 18

Number of premises registered for the manufacture and sale of Ice Cream 15

Number of visits made 77

FOOD AND DRUGS ACT.

91 samples of milk were obtained under the Food & Drugs Act., 16 samples were taken informally, and 75 were taken formally under

the Act.

The samples reported upon adversely by the Public Analyst are listed below:-

Sample No.	Result of Analysis.	Remarks.
352	Contained 4.7% extraneous water.	Further samples genuine - no legal action taken.
387.	3.3% deficient in fat.	Letter of warning
388.	3.3% deficient in fat.	Further samples genuine.
389.	3.3% deficient in fat.	Further samples genuine.
404.	3.3% deficient in fat.	Informal sample -
		Further samples genuine.
407.	3.3% deficient in fat.	Further sample genuine.
409.	10% deficient in fat.	Further samples genuine. -
		Letter of warning sent to retailer.
432.	10% deficient in fat.	Further sample genuine -
		Letter of warning sent.

WATER SUPPLIES.

16 samples of water were submitted for chemical analysis and bacteriological examination and 11 were not passed as satisfactory for drinking - these were taken from wells.

23 houses with unsatisfactory well water were supplied with a piped supply from the East Worcestershire Water Company's mains.

A re-survey of the Worms Ash area (March 1945) revealed that the supply of water in the wells in the Alfreds Well district had diminished. The Council asked the East Worcestershire Water Company to carry water to this district, pending the provision of a piped supply, and a twice weekly delivery in 2 gallon cans was arranged, the householders paying 1 $\frac{3}{4}$ d. per can.

Later in the year (July) complaints were received of the condition of the water supplied by can. It was alleged that the water was unfit to drink owing to a rusty deposit being present. A can of water, as delivered, was sent for chemical and bacteriological analysis and the analyst reported that "The solids in suspension consisted of oxide of iron. The sample was specifically tested for arsenic, antimony, lead, copper and tin with negative results. Transport of this water in unattached tins should be satisfactory." Pending the result of the analysis arrangements were made to supply water by means of a 500 gallon tank, the inhabitants drawing water in household utensils. The Water Company resumed delivery in cans following receipt of the result of the analysis.

This method of delivery continued during the year.

MILK SUPPLY.

29 samples of undesignated milk were submitted for bacteriological examination. On each sample bacteria count, coli tests and methylene blue tests were carried out.

22 samples were milk of Accredited standard, and 7 failed to pass the Methylene blue test prescribed for accredited milk. The producer-retailer of four consecutive samples which failed the Methylene blue test and had B.Coli present in all tubes, was called before the Health Committee to show cause why he should not be removed from the register of retail purveyors of milk. He was warned by the Committee.

Three samples were also examined for Tubercle Bacilli with negative results.

144 visits were made to Cowsheds and Dairies during the year.

The number of licences under the Milk (Special Designations) Order was:-

	<u>Pasteurised</u>	<u>Accredited</u>	<u>Tuberculin tested</u>
Bottlers	-	3	2
Bottlers	4	1	2
Producers	-	5	3

NOTICES SERVED AND COMPLIED WITH.

	<u>Served.</u>		<u>Complied with</u>	
	<u>Informal.</u>	<u>Formal</u>	<u>Informal.</u>	<u>Formal.</u>
Public Health Act.	161	19	156	15
Factories Act.	14	-	14	-
Milk & Dairies Order.	12	-	8	-

WORK EFFECTED FOLLOWING THE SERVICE OF NOTICES.

House drainage connected to public sewer	52
Cesspools abolished	54
Conversions to modern water closets	21
Additional water closets or new pedestals provided	23
Urinals provided	4
Structural repairs to w.c's	14
Septic tanks and filter beds reconstructed	1
Leaking and overflowing cesspools dealt with	3
New sinks provided	2
Defective drains repaired	17
Obstructed drains dealt with	22
W.c. flushing cisterns provided	18
Pure water supplies provided to houses ...	23
Ashbins provided	53
Floors repaired	20
Roofs repaired	14
Wallplaster made good	31
Ceiling plaster made good	21
Eavespouting repaired or renewed	16
Windows repaired	13
Chimneys repaired	7
New washing coppers provided	4
Door repaired	2
Walls re-pointed	6
Walls re-built	8
Firgrates renewed	3
	6

FACTORIES, WORKSHOPS & WORKPLACES.

Premises. (1)	Inspec- tions. (2)	Number of	
		Written Notices (3)	Occupiers prosecuted. (4)
Factories with mechanical power.	112	13	-
Factories without mechanical power.	10	1	-
Other premises (not including Outworkers premises)	-	-	-
Total	122	14	-

DEFECTS FOUND.

Particulars (1)	Number of defects.			Number of offences in respect to which prosecu- tions were instituted. (5)
	Found or brought forward (2)	Reme- died. (3)	Referred to H.M. Inspect- or. (4)	
Want of cleanliness	7	7	-	-
Overcrowding	-	-	-	-
Unreasonable temper- ature	-	-	-	-
Inadequate ventilation	-	-	-	-
Ineffective drainage of floor.	-	-	-	-
Sanitary Convenience :-				
Insufficient	1	1	-	-
Unsuitable or defective	15	15	-	-
Not separate for sexes	1	1	-	-
Other offences	-	-	-	-
	24	24	-	-

RODENT CONTROL.

This work commenced in 1944 has continued during the year, one rodent operative being engaged full time. Co-operation with the Ministry of Food Rodent Branch has been maintained and on one occasion additional rodent operatives were loaned by the Ministry for a "blitz" drive against rats at a refuse tip - this was very successful.

No. of pilot baits laid	335
No. of prebaits laid	6,821
No. of Poison baits laid	1,848
No. of post baits laid	142
No. of visits made by Sanitary Inspectors	577
No. of agreements signed	50
Computed kill (Min. of Food Formula)	14,490

COURT PROCEEDINGS.

It was necessary to take court proceedings in three instances of failure to comply with notices served under the Public Health Act. In the three cases, the work was complied with at the time of hearing and the cases were dismissed on payment of costs.

PETROLEUM ACTS.

48 licences were renewed during 1945 for the storage of 148,302 gallons of petroleum spirit.

Two licences were renewed for the storage of 2,000 lbs of Carbide of Calcium.

I am, Mr. Chairman, Lady and Gentlemen,

Your obedient Servant,

H. HOLDEN.

Senior Sanitary Inspector.

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